



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: SHAD HEDGES AND
JAMES BAUGH

APPLICATION No.: 10/090,986

FILED: MARCH 4, 2002

FOR: **METHOD AND SYSTEM FOR REMOVAL
OF CONTAMINATES FROM
PHASESHIFT PHOTOMASKS**

EXAMINER: FRANKIE L.
STINSON

ART UNIT: 1746

CONF. No: 7500

Amendment Under 37 C.F.R. § 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The present communication responds to the Office Action dated May 3, 2005 in the above-identified application. Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims beginning on page 2.



Express Mail No. EV551885579US

Attorney Docket No. 108298629US
Disclosure No. 01-0287.00/US

AMENDMENT TRANSMITTAL LETTER				Docket No. 108298629US	
Application No. 10/090,986-Conf. #7500	Filing Date March 4, 2002	Examiner F. L. Stinson	Art Unit 1746		
Applicant(s): Hedges et al.					
Invention: METHOD AND SYSTEM FOR REMOVAL OF CONTAMINATES FROM PHASESHIFT PHOTOMASKS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	14	- 59 - =	0	x	
Independent Claims	4	- 12 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 120.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0665 as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Paul T. Parker Attorney Reg. No.: 38,264 PERKINS COIE LLP P.O. Box 1247 Seattle, Washington 98111-1247 (206) 359-8000				Dated: September 6, 2005	